

FAMILY or INDIVIDUAL WAIVER TO PARTICIPATE IN 9/11/202 GRAND STAIR CHALLENGE (as climbers &/or volunteers)



THIS FORM MAY BE USED ONLY FOR UP TO 2 ADULTS & UP TO 3 DEPENDENTS UNDER GUARDIANSHIP OF 1 OF THOSE ADULTS,
ALL RESIDING AT SAME ADDRESS & USING SAME EMERGENCY CONTACT.

PLEASE NOTE that your signature applies to the
TWO waivers AND the media release below:

The first waiver is for access to federal property.

The second is the general waiver and media release for the 9/11 Grand Stair Challenge

VETERANS ADMINISTRATION WAIVER OF LIABILITY AND CONSENT TO PARTICIPATE IN and/or VOLUNTEER AT THE 9/11 GRAND STAIR CHALLENGE HELD ANNUALLY ON SEPTEMBER 11TH:

The City of Hot Springs, Challenge Dakota, event participants, volunteers, event sponsors and individuals involved in planning this event and the Veterans Administration shall not be liable or responsible for damage to property or injury to persons including myself during the 9/11 Grand Stair Challenge on September 11th of this year, even where the damage or injury is caused by negligence. I understand and agree that participation in the event is voluntary, and at my own risk. I release and hold harmless The City of Hot Springs, Challenge Dakota, event sponsors and individuals involved in planning this event and the Veterans Administration and all of these organizations' officers, employees and volunteers for any injury and/or loss to my person or property that may result through my participation in the event. I understand that this means that I agree not to sue The City of Hot Springs, Challenge Dakota, event sponsors and individuals involved in planning this event and the Veterans Administration and all of these organizations' officers, employees and volunteers for any injury resulting to myself or my property in connection with the event. I acknowledge that the event is on federal property governed by Code of Federal Regulation (Law) 1.218 Security and Law Enforcement at VA Facilities; and I will abide by its rules and regulations at all times *. I am signing this wavier of my own free will/act and I consent to participate in the event. All participants must signify their understanding and certification of the relative section above by signing and dating here. If the participant is under the age of 18 then a parent or guardian must sign the waiver on the minor's behalf.

* Rules available at Shirt/Sign-In table and at www.challengedakota.com

CHALLENGE DAKOTA WAIVER OF LIABILITY, MEDIA RELEASE, CONSENT TO PARTICIPATE IN and/or VOLUNTEER AT THE 9/11 GRAND STAIR CHALLENGE HELD ANNUALLY ON SEPTEMBER 11TH: Every event participant must read and sign this waiver form. Signatures on this form signify each person has read, understands and abides by this information. By agreeing to this Liability and Media Release Waiver, the individual participant(s) named below agree that he/she wishes to participate in the 9/11 Grand Stair Challenge and recognizes that there are risks of damage or injury arising from participation in this event or from other activities that may be associated with participation in this event. The individual participant represents that he/she has no health or physical problems that will interfere with his/her participation in the event and he/she is responsible for his/her own safety. Participant recognizes that event organizers will take photos at event and may use the images in promotions and on social media both during and after event, and further recognizes that any participant who does not wish his/her image used must notify Challenge Director in advance of use of those materials. Agreement releases and discharges City of Hot Springs, Veteran Affairs, Challenge Dakota, Hot Springs Housing (Evans Apartments) private landowners, event participants, volunteers, and event sponsors from all actions, suits and demands in law or in equity, including but not limited to, the risk of injury from participating in the 9/11 Grand Stair Challenge.

ALL PARTICIPANTS ON THIS FORM: ADDRESS: CITY: STATE: ZIP: EMAIL:

FIRST ADULT PARTICIPANT PRINT: SIGN/DATE: PHONE: AGE DAY OF EVENT: BIRTHDAY:

circle one: CLIMB VOLUNTEER BOTH I am signing this wavier of my own free will/act and I consent to participate in the event. [All participants must signify their understanding and certification of the relative section above by signing and dating ABOVE.]

SECOND ADULT PARTICIPANT PRINT: SIGN/DATE: PHONE: AGE DAY OF EVENT: BIRTHDAY:

circle one: CLIMB VOLUNTEER BOTH I am signing this wavier of my own free will/act and I consent to participate in the event. [All participants must signify their understanding and certification of the relative section above by signing and dating ABOVE.]

CHILD/DEPENDENT NAME PRINT: AGE DAY OF EVENT: BIRTHDAY: circle one: CLIMB VOLUNTEER BOTH

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EMERGENCY CONTACT FOR ALL:

NAME

PHONE:

RELATIONSHIP TO PARTICIPANTS:

SIGNATURE OF PARENT/GUARDIAN SIGNING FOR ALL LISTED MINOR CHILDREN. PRINT NAME:

SIGN:

DATE:

I am signing this wavier of my own free will/act and I consent to participate in the event. [All participants must signify their understanding and certification of the relative section above by signing and dating above.]

For participants under age 18, parent or guardian must sign waiver on minor's behalf.